July 9, 1975

P A Y R O L L   B U L L E T I N
(10-75)

TO: All State Agencies, Departments, Boards,
         Commissions and Universities

SUBJECT: Salary Refunds

Effective immediately, all salary refunds processed on payroll vouchers
are to be in the new format prescribed in the Payroll Section of the
CUSAS manual.

The attached procedures are to be followed when preparing salary refunds
on a payroll voucher and when completing the salary refund form (C-65).

CHANGES OR NEW PROCEDURES ARE NOTED BY A VERTICAL LINE IN THE LEFT MARGIN.

THE ATTACHED PROCEDURES ARE NOT TO BE INCORPORATED IN THE CUSAS MANUAL.
THE ACTUAL REVISION TO THE CUSAS MANUAL WILL BE DISTRIBUTED IN THE NEAR
FUTURE.

This payroll bulletin supercedes payroll bulletin 2-74 re: Revised
Procedures for Salary Refunds.

All questions concerning the salary refund procedures should be directed to
Charlotte McCormick at (217) 782-4758.

                          Very truly yours,

                          George W. Lindberg
                          Comptroller

                     By: Kermit W. Kerley
                          Payroll Supervisor

KWK:cmc

Attachment

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SALARY REFUND SYSTEM OVERVIEW	

SALARY REFUND SYSTEM OVERVIEW

The salary refund system provides the method of correcting salary overpayments. The system provides for:

1. Collecting the net pay warrant amount from the employee

2. Recovering all deductions

3. Correcting the employee's earnings record

The recovered net pay warrant (Treasurer's draft or University draft representing the overpayment) will be transmitted to the Comptroller along with the deductions recovered through the payroll system (or directly from the union, association, insurance company, etc., hereafter known as trailer payees) on a salary refund form.

Upon receipt of the salary refund form with proper attachments, the Comptroller will credit the appropriation (if it has not lapsed) and up-date the employee's earnings by the amount recovered.

A salary refund does not have to be processed on the same payroll code or from the same account code from which the original warrant was written.

All deductions made representing the original gross earnings must be recovered prior to submitting form C-65. Incomplete refunds will not be processed by the Comptroller's Office.

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SALARY REFUND PROCEDURE (Exhibit 23.20.60-A,B,C)

PURPOSE

This procedure allows agencies to recover amounts deducted coincident to erroneous salary payments on the payroll voucher, as opposed to requesting cash refunds directly from the trailer payee. However, under certain circumstances, agencies may obtain the refund directly from the trailer payee.

TIMING REQUIREMENTS

All salary refunds are to be processed within 60 days of the issue date on the original erroneous warrant.

PROCESSING RULES

The following rules must be adhered to in the salary refund procedure:

1. Salary refund records may not be combined with the employees regular voucher records. A separate voucher entry is required. Tape agencies should sort their voucher so that all refunds are at the end of the payroll in alphabetical sequence. Prelist agencies should put salary refund entries immediately after the last employee listed on the prelist.

2. The agency is responsible for collecting the full amount of money that was erroneously paid to the employee.

3. Agencies must determine that there is sufficient money in each payee trailer record to recover the money to be refunded. Example: If a salary refund of $10.00 for Federal Tax is being processed, the payroll must contain at least $10.00 in Federal Tax deductions.

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4. If a trailer record on a payroll does not contain
    sufficient money to process a complete refund
    for a particular payee it is permissible to reclaim
    the balance of the refund on a subsequent payroll(s)
    by processing another salary refund(s). If it is
    not practical to reclaim the money on subsequent
    payrolls the agency should collect the outstanding
    balance directly from the trailer payee.

5. When salary refunds involve U.S. Savings Bonds, the
    Agency must contact the Comptroller's Bond Section
    (782-5850) immediately to insure that the employee's
    account contains a sufficient balance to process a
    refund. If the bond is in the agencies possession,
    it is to be returned to the Comptroller's Office
    so that a refund may be processed. If a bond has
    already been issued to the employee, the agency
    is to obtain the amount due from the employee and
    submit it with the salary refund document. If you
    are unable to get the refund from the employee,
    notify the Comptroller's bond section immediately.

6. When the salary refund involves a credit union or a
    retirement system, it is the agencies responsibility
    to contact the respective organization immediately
    and notify them of the salary refund in order to
    prevent withdrawal of the amount to be refunded.

7. A manually prepared payroll may contain only one
    salary refund entry per employee. Agencies sub-
    mitting their payrolls on magentic tape may submit
    multiple salary refund entries per employees.

8. The account code of the original warrant and the
    account code of the payroll voucher from which the
    money is being recovered do not have to agree.

9. Overpayments to an active employee should be
    adjusted on a subsequent payroll voucher. A salary
    refund may not be processed on an active employee
    without prior approval of the Controller's Office.

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10. If a terminating employee is not entitled to the entire salary warrant a cash refund may be submitted on a salary refund form. The taxes, FICA and retirement may be retrieved via a salary refund on a subsequent payroll by entering only those amounts applicable to the overpayment.

11. The State Contribution to Retirement is to be reduced using the employee base pay from the refund entry on the voucher to calculate the refund.

12. The State Contribution to FICA is to be reduced using the employee base pay and overtime pay from the refund entry on the voucher to calculate the refund.

CONTENTS

The following entries must be made on the payroll voucher for each salary refund:

VOUCHER ELEMENT NUMBER	DESCRIPTION
1	Enter the employee's name exactly as it appeared on the original voucher.
2	Enter the employee's social security number, exactly as it appeared on the original voucher (even if the original entry was erroneous).
7	Enter the amount of base pay that is included in the salary refund. Do not add this amount into the page or summary totals of the payroll voucher.
10	Enter .00 in the gross amount earned field.
Deduction Fields (12,14,16,27,etc.)	Enter the amount in the deduction field that is being refunded. All salary refund amounts are treated as negative and, therefore, a negative "sign" need not be entered.

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VOUCHER ELEMENT NUMBER	DESCRIPTION
Deduction Code Fields (26,28,30,32, etc.)	Enter the code relating to the trailer payee as it appeared on the original voucher.
20	Enter the refund code. This is a three digit code which is assigned in numeric sequence by the agency. It refers to the number of salary refunds on a pay-roll. If there were three refunds on a payroll, the first code would be 001, the second 002, and the third 003.
22	Enter the amount of the refund. The amount entered in the field (22) must be a positive (+) figure and it must equal the total of all negative entries.
23	Ending pay period date of erroneous pay-ment, e.g., 12 2 74 = 12-16/31-74. (The "2" representing the second half of the month. A "1" would represent the first half of the month, e.g., a pay period ending July 9 or 15 would appear as 07 1 74.)
24	The original warrant number including the two-letter prefix must be entered in the combined fields (24 and 25).
67	Enter total deductions, excluding Federal Tax, State Tax and FICA, as a negative figure.
68	Enter .00 in Amount of Warrant column.

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A trailer record for each salary refund must be entered on the summary page of the payroll. If multiple refunds are processed, a separate trailer record is required for each employee record. Each entry is to be preceded by the Comptroller code and actual code. The trailer record entries are:

1. Comptroller Code (01)

2. The Actual Code (Field 20 on the voucher)
    The Comptroller's Code and Actual Code used in the trailer record is separate from the trailer name. The 01 tells us it is a refund and the 001, etc., tells us which refund it is, first, second, third, etc. The trailer records must be in the sequence in which they appear **in** the detail entries on the voucher.

3. The Payee Name should be entered as follows:

    01 001 FUND XXX(XXXXXXXXXXXXX)
         % Name of Agency
         Warrant Number Social Security

    EXAMPLE: An employee of the Department of Transportation has been overpaid from account code 011-49401-1120-00-00-1120-75. The warrant number representing the overpayment is SB9999999 and the employee's social security number is 360-34-7117. The trailer record entry will appear as follows:

    01 001 Fund 011(4940111200000)
         % Department of Transportation
         SB9999999 360347117

    NOTE: The fund is the first 3 digits of the 16-digit account code (including the parentheses as shown) to which the original warrant was charged.

4. The amount of warrant (field 68) for the trailer record must equal the entry in field 22 (the detail entry) and is a positive amount.

PAYROLL VOUCHER DISTRIBUTION

SCHEDULE

DEPARTMENT: YOUR AGENCY				FOR PERIOD OF CURRENT PAY PERIOD							

| PAYROLL NUMBER | | | DIVISION AND TITLE OF APPROPRIATION | VOUCHER NUMBER | APPROPRIATION CODE | | | | | | AMOUNT |
FUND	DEPT.	CODE			FUND	ORG.	OBJECT	SEQ.	ACCT.	EXP. OBJ.	
XXX	XX	XXX	Personal Services	XXX	XXX	XXXXX	XXXX	XX	XX	XXXX	$1,261.30
			Employer Contribution to Retirement System	XXX	XXX	XXXXX	XXXX	XX	XX	XXXX	44.80
			Employer Contribution to Social Security	XXX	XXX	XXXXX	XXXX	XX	XX	XXXX	24.12

FOR COMPTROLLER'S USE ONLY

WARRANTS DUE_____	TYPE HELP_____
TO PAYROLL_____	TYPE PAY_____
TO DATA ENTRY_____	OVERTIME_____
TO VERIFY_____	PAY PERIOD_____
TO DATA CONTROL_____	

SCO-019 REVISED 7-74

EXHIBIT 23.20.60-B

(COMPTROLLER PAYROLL FORM NO. 1 REVISED 7/72)

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE

STATE AND OTHER RETIREMENT.
SOC. SECURITY CODES:
TIME WORKED BASIS:

0 - MEMBER W/O F.I.C.A. 8%. 1 - MEMBER W/F.I.C.A. 4%.
3 - COVERAGE. 4 - INELIGIBLE. 5 - WAIVED. 6 - GENERAL ASSEMBLY. 7 - TEACHERS.
8 - JUDGE. 9 - UNIVERSITY. _ STATE POLICE 9%.
A - F.I.C.A. WITHHELD. B - FICA NOT WITHHELD. Z - FICA EXCEEDED.
1 - MONTHLY. 2 - SEMI-MONTHLY. 3 - BI-WEEKLY. 4 - WEEKLY. 5 - DAILY. 6 - HOURLY.
7 - LEAVE OF ABSENCE. 8 - TEACHING. 9 - SABBATICAL LEAVE.

EMPLOYEE NAME	IDENTIFICATION NUMBER	SOCIAL SECURITY NUMBER	POSITION CLASSIFICATION	TIME WORKED	RATE	BASE PAY	OVERTIME PAY	GROSS AMT. EARNED	FED. EX.	WITHHOLDING TAX	CODE	F.I.C.A.	SERIES E	M.S.	TAX %	AMOUNT OF WARRANT
DOE, JOHN	000001	111-11-1111	00000	1-2 30.00	800.00	400.00		400.00 10.00	00 1	55.33 16.00	A	23.40	46.00	2	265.27	
A A1 2.21	48	B1 11.30		01			00									
DOE, MARY	000002	222-22-2222	00000	1-2	1000.00	500.00	61.30	561.30 12.99	01 1	77.43 22.45	A	32.84	49.66	2	388.38	
A A1 2.76	60	B1 11.30	5.00	4.46		17.75	01									
10 Hrs. overtime @ $6.13						D1										
JOHNSON, JOHN	000003	333-33-3333	00000	1-2	600.00	300.00		300.00 3.85	02 0	23.48 24.00	B		18.75	2	221.92	
A A1 1.73	36	B1 11.30				3.00	02 E2	5.00					50.75			
						01										
JONES, JOHN M. 001	444-44-4444	444-44-4444 SA6666666		01 -25.00		200.00	49.00	- .00 -7.50	1	-55.00 8.00		-14.57	-18.75		.00	
	05/2/75 144.82			C1 - 3.50		D1 -12.50							-67.75			
JONES, MARY C. 002	555-55-5555	555-55-5555 SA7777777				300.00		- .00 -8.00	1	-63.00 -12.00		-17.55	-12.00		.00	
	05/1/75 100.55							5.00								
	144	33.90	5.00	5.00 .96		1200.00 3.00 5.25	61.30	1261.30 11.34 5.00		38.24 42.45		24.12	66.66		875.57	
	245.37 6.70															

STATE AGENCY   FUND   VOUCHER NO.   TO   FROM   PAGE NO.

* EXEMPT FROM PERSONNEL CODE

DEPARTMENT CERTIFICATION
I HEREBY CERTIFY THAT THE NAMES OF EMPLOYEES, THE POSITIONS OCCUPIED, ACTUAL TIME OF SERVICE, AND APPROPRIATION CHARGEABLE AS SHOWN ON THE ACCOMPANYING PAY-ROLL SHEETS ARE CORRECT, AND THAT SUCH EMPLOYEES OCCUPIED OFFICES OR PLACES OF EMPLOYMENT ACCORDING TO PROVISIONS OF LAW AND ARE ENTITLED TO PAYMENT IN AMOUNTS INDICATED.

NAME

BY.

APPROVED FOR PAYMENT:

OFFICE DIRECTOR OR EXECUTIVE SECRETARY

BY:

DIRECTOR OF FINANCE

CERTIFICATE OF DIRECTOR OF PERSONNEL
I HEREBY CERTIFY THAT THE PERSONS NAMED IN THIS PAYROLL VOUCHER CONTAINING NAME(S) HAVE BEEN APPOINTED, EMPLOYED AND ARE TO RECEIVE SALARIES OR WAGES AT THE RATES INDICATED FOR THE POSITIONS HEREIN INDICATED SHOWN BY THE OFFICIAL ROSTER IN ACCORDANCE WITH THE PROVISIONS OF SECTION "PERSONNEL CODE", EXCEPT THOSE CROSSED OUT AND THOSE WHO ARE EXEMPT (INDICATED BY ASTERISK (*).

DIRECTOR OF PERSONNEL

BY:

EXHIBIT 23.20.60-C

(COMPTROLLER PAYROLL FORM NO. 1 REVISED 7/72)

STATE OF ILLINOIS - PAYROLL VOUCHER

Codes:
- STATE AND OTHER RETIREMENT:
  - 0 - MEMBER W/O F.I.C.A. 8%. 1 - MEMBER W/F.I.C.A. 4%. 8 - JUDGES. 9 - STATE POLICE 9%.
  - 2 - MEMBER W/O F.I.C.A. 5%. 5 - WAIVED. 6 - GENERAL ASSEMBLY. 7 - TEACHERS. A - F.I.C.A. WITHHELD. 9 - UNIVERSITY.
- SOC. SECURITY CODES:
  - 3 - INELIGIBLE. 5 - WAIVED. Z - FICA EXCEEDED. B - FICA NOT WITHHELD.
- TIME WORKED BASIS:
  - 1 - MONTHLY. 2 - SEMI-MONTHLY. 3 - BI-WEEKLY. 4 - WEEKLY. 5 - DAILY. 6 - HOURLY.
  - 7 - LEAVE OF ABSENCE. 8 - TEACHING. 9 - SABBATICAL LEAVE.

DISTRIB. CODE	Line Item	AMOUNT NO. 1	AMOUNT NO. 2	BASE PAY	OVERTIME PAY	GROSS AMT. EARNED	STATE INCOME TAX	WITHHOLDING TAX	RETIREMENT AMOUNT	F.I.C.A.	MISC. INS. AMT.	AMOUNT OF WARRANT
		245.37 6.70	33.90	1200.00 3.00 5.25	61.30	1261.30 11.34 5.00		38.24 42.45	24.12		875.57
		144	5.00 .96								66.66	
01-001	Fund XXX (XXXXXXXXXX) % Your Agency SA 666666 444444444 (Your Agency 16 Digit Account Code)											144.82
01-002	Fund XXX (XXXXXXXXXX) % Your Agency SA 777777 555555555 (Your Agency 16 Digit Account Code)											100.55
20-001	State & Municipal Teamsters Chauffeurs & Helpers Union Local 726											5.00
30-0C1	Crown Life Insurance											.96
30-0D1	Blue Cross-Blue Shield											5.25
30-0E2	American National Insurance Co.											5.00
60-001	State Employees Association											3.00
70-001	Illinois State Employees Credit Union											5.00
82-082	State Employees Retirement System											42.45
83-083	State Employees Retirement System - State Contribution								44.80			
86-086	State Employees Retirement System - State Contribution FICA								24.12			
87-087	FICA Tax Fund											24.12
94-001	State of Illinois Withholding Tax											11.34
95-095	Alan J. Dixon State Treasurer											38.24
												1261.30

* EXEMPT FROM PERSONNEL CODE

FROM ___ TO ___ VOUCHER NO. ___ FUND ___ STATE AGENCY ___ PAGE NO. ___

APPROVED FOR PAYMENT:

OFFIC. DIRECTOR OR EXECUTIVE SECRETARY

BY: ___

DIRECTOR OF FINANCE

DEPARTMENT CERTIFICATION
I HEREBY CERTIFY THAT THE NAMES OF EMPLOYEES, THE POSITIONS OCCUPIED, ACTUAL TIME OF SERVICE, AND APPROPRIATION CHARGEABLE AS SHOWN ON THE ACCOMPANYING PAY-ROLL SHEETS ARE CORRECT, AND THAT SUCH EMPLOYEES OCCUPIED OFFICES OR PLACES OF EMPLOYMENT ACCORDING TO PROVISIONS OF LAW AND ARE ENTITLED TO PAYMENT IN AMOUNTS INDICATED.

NAME ___
TITLE ___
BY: ___

CERTIFICATE OF DIRECTOR OF PERSONNEL
I HEREBY CERTIFY THAT THE PERSONS NAMED IN THIS PAYROLL VOUCHER CONTAINING _____ NAME(S) HAVE BEEN APPOINTED, EMPLOYED AND ARE TO RECEIVE SALARIES OR WAGES AT THE RATES OF COMPENSATION INDICATED FOR THE POSITIONS HEREIN ABOVE LISTED AND SHOWN IN THE OFFICIAL ROSTER IN ACCORDANCE WITH THE PROVISIONS OF SECTION 12A OF THE "PERSONNEL CODE", EXCEPT THOSE CROSSED OUT AND THOSE WHO ARE EXEMPT (INDICATED BY ASTERISK (*)).

DIRECTOR OF PERSONNEL

BY: ___

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COMPTROLLER

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SALARY REFUND FORM PROCESSING (Exhibit 23.20.65-A)

PURPOSE

The Salary refund form is a transmittal document used for depositing money in the State Treasury, crediting the appropriation accounts and updating the employee's records. The form must be accompanied by a State warrant, Treasurer's draft or university draft for the amount to be redeposited. A separate salary refund form must be prepared for each salary warrant.

TIMING REQUIREMENTS

Salary refund forms accompanied by State warrants must be processed within 60 days of the issue date on the erroneous salary warrant. Since, the Comptroller's Office will not process any incomplete refunds it is imperative that warrants totaling the gross to be credited are attached to the Salary Refund Form (C-65).

Distributions

One copy of the refund form is retained by the agency. The remaining copies should be sent to the Comptroller's Office.

CONTENTS

The salary refund must be completed as follows:

1. Social Security Number: Enter the Social Security Number as it appeared on the original voucher. If the Social Security Number entered on the original voucher was incorrect, the number must still be reported exactly as it appeared on the original voucher.

2. Payroll Code: Enter the Payroll Code from the original voucher.

3. Name of Employee: Enter the employee's name exactly as it appeared on the original payroll warrant.

4. Original Warrant Number: Enter the original warrant number including the Alpha Prefix. (Only one salary warrant number per C-65.)

5. Issue Date: Enter the date the original warrant was issued as it appears on the face of the warrant.

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OFFICE OF THE COMPTROLLER

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6. Voucher Number: Enter the voucher number as it appeared on the original payroll distribution schedule.

7. Original Pay Period: Enter the beginning and ending date of the pay period in which the original compensation was paid. Enter the entire payroll period even if the employee worked only a portion of the pay period.

8. Last Day Employed: Enter the employee's termination date. Leave blank if not applicable.

9. Accounting Code Paid From: Enter the appropriation account code from which the employee was erroneously paid.

10. Fiscal Year: Enter the two-digit fiscal year identifier which relates to the original erroneous warrant.

11. Original Gross: Enter the GROSS AMOUNT EARNED as it appeared in field 10 on the original voucher.

12. Net Amount: Enter the net amount being refunded. This amount may be less than the employee's original warrant if a cash refund is being processed.

13. Federal Tax: Enter the amount of Federal tax being refunded.

14. FICA: Enter the amount of FICA being refunded.

15. Bonds: Enter the amount of bond refund.

16. Union Dues: Enter the amount of union dues being refunded.

17. (Union Dues) Code: Enter the union deduction code as it appeared on the original voucher.

18. Credit Union: Enter the amount of credit union deduction being refunded.

19 (Credit Union) Code: Enter the credit union code as it appeared on the original voucher.

20. Charity: Enter the charity amount being refunded.

21. (Charity) Code: Enter the three-digit charity code as it appeared on the original voucher.

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22. <u>Association Dues</u>: Enter the amount of the association dues being refunded.

23. <u>(Association Dues) Code</u>: Enter the association dues code as it appeared on the original voucher.

24. <u>State Tax</u>: Enter the amount of State tax being refunded.

25. <u>State Code</u>: Enter the State code as it appeared on the original voucher. If the State code was Illinois, leave this field blank.

26. <u>Retirement</u>: Enter the amount of retirement being refunded.

27. <u>(Retirement) Code</u>: Enter the appropriate retirement code as it appeared on the original voucher.

28. <u>Maintenance</u>: Enter the amount of maintenance being refunded.

29. <u>State Life Deduct</u>: Enter the amount of optional State life deduction being refunded.

30. <u>(State Life Deduct) Code</u>: Enter the State life deduction code (C1) as it appeared on the original voucher.

31. <u>State Health Deduct</u>: Enter the amount of optional State Health deduction being refunded.

32. <u>(State Health Deduct) Code</u>: Enter the State health deduction code (D1) as it appeared on the original voucher.

33. <u>Miscellaneous Insurance</u>: Enter the amount of miscellaneous insurance being refunded.

34. <u>(Miscellaneous Insurance) Code</u>: Enter the insurance code as it appeared on the original voucher.

35. <u>Miscellaneous Insurance</u>: Enter the amount of health insurance being refunded.

36. <u>(Miscellaneous Insurance) Code</u>: Enter the health insurance code as it appeared on the original voucher.

37. <u>Miscellaneous Insurance</u>: Enter the amount of miscellaneous insurance being refunded.

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38. (Miscellaneous Insurance) Code: Enter the insurance code as it appeared on the original voucher.

39.

40.

41.

42.

43.

44.

45. Other Compensation: Enter the amount of other compensation being refunded. (University only.)

46. Non-taxable Income: Enter the amount of non-taxable income being refunded. (University only.)

47. Tax-sheltered Annuity: Enter the amount of tax-sheltered annuity being refunded.

48. (Tax-sheltered Annuity) Code: Enter the tax-sheltered annuity code exactly as it appeared on the original voucher.

49. Tax-sheltered Annuity: Enter the amount of tax-sheltered annuity being refunded.

50. (Tax-sheltered Annuity) Code: Enter the tax-sheltered annuity code exactly as it appeared on the original voucher.

51. Miscellaneous Deduction 1: Enter the amount of miscellaneous deduction being refunded.

52. (Miscellaneous Deduction 1) Code: Enter the code identifying this deduction exactly as it appeared on the original voucher.

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53. Miscellaneous Deduction 2: Enter the amount of miscellaneous deduction being refunded.

54. (Miscellaneous Deduction 2) Code: Enter the code identifying this deduction exactly as it appeared on the original voucher.

55. Miscellaneous Deduction 3: Enter the amount of miscellaneous deduction being.

56. (Miscellaneous Deduction 3) Code: Enter the code identifying this deduction exactly as it appeared on the original voucher.

57. Miscellaneous Deduction 4: Enter the amount of miscellaneous deduction being refunded.

58. (Miscellaneous Deduction 4) Code: Enter the code identifying this deduction exactly as it appeared on the original voucher.

59. Gross to be credited: Enter the total dollar amount of warrants (or drafts) transmitted with this copy of the salary refund form.

60. Agency Name: Enter the agency name as it appeared on the original payroll voucher.

61. Division: Enter the division of the agency as it appeared on the original payroll voucher.

62. Authorized Signature: The agency representative responsible for signing salary refunds should affix his signature here.

63. Date: The date the agency representative signs the salary refund form should be entered here.

64. Enter the units of State Paid life insurance. (For total gross refunds only)

65. Enter the state paid health insurance eligibility code. (For total gross refunds only).

NOTE: If a cash refund is being processed make a notation of "Cash Refund" at the top of the salary refund form below the perforation.

STATE OF ILLINOIS

SALARY REFUND
REPORT TO THE COMPTROLLER

EXHIBIT 23.20.65-A
Transmittal No._____
Transmittal Date_____
Draft(s) No(s)_____

DISTRIBUTION	① SOCIAL SECURITY NO. ② PAYROLL CODE ③ NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)

DISTRIBUTION
1. White-Returned to Comptroller
2. Blue-Treasurer-Banking Division
3. Buff-Treasurer-Warrant Division
4. Pink-Returned to Agency
5. Canary-Retained by Comptroller
6. Green-To Department of Finance
7. Goldenrod-Retained by Agency

① SOCIAL SECURITY NO.   ② PAYROLL CODE   ③ NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)

④ ORIGINAL WARRANT NO.   ⑤ ISSUE DATE   ⑥ VOUCHER NO.   ⑦ ORIGINAL PAY PERIOD

⑧ LAST DAY EMPLOYED   ⑨ ACCOUNTING CODE PAID FROM   ⑨ DETAIL OBJECT   ⑩ FISCAL YEAR

ORIGINAL GROSS   ⑪ $_____   ⑭³ $_____   ⑭⁴ CODE_____

NET AMOUNT   ⑫ $_____   OTHER COMPENSATION   ⑮ $_____

FEDERAL TAX   ⑬ $_____   NON-TAXABLE INCOME   ⑯ $_____

FICA   ⑭ $_____   TAX-SHELTERED ANNUITY ⑰ $_____   ⑱ CODE_____

BONDS   ⑮ $_____   TAX-SHELTERED ANNUITY ⑲ $_____   ㊿ CODE_____

UNION DUES   ⑯ $_____ ⑰ CODE_____   MISC. DEDUCTION   �051 $_____   �52 CODE_____

CREDIT UNION   ⑱ $_____ ⑲ CODE_____   MISC. DEDUCTION   �053 $_____   �54 CODE_____

CHARITY   ⑳ $_____ ㉑ CODE_____   MISC. DEDUCTION   �055 $_____   �56 CODE_____

ASSOCIATION DUES   ㉒ $_____ ㉓ CODE_____   MISC. DEDUCTION   �057 $_____   �58 CODE_____

STATE TAX   ㉔ $_____ ㉕ STATE CODE_____   GROSS TO BE CREDITED   �059 $_____

RETIREMENT   ㉖ $_____ ㉗ CODE_____   ㊀⓪

MAINTENANCE   ㉘ $_____   **AGENCY NAME**

                                          ㊀①
STATE LIFE DEDUCT   ㉙ $_____ ㉚ CODE_____   **DIVISION**

STATE HEALTH DEDUCT   ㉛ $_____ ㉜ CODE_____   ㊀②

MISC. INSURANCE   ㉝ $_____ ㉞ CODE_____   ㊀③   **AUTHORIZED SIGNATURE**

MISC. INSURANCE   ㉟ $_____ ㊱ CODE_____

MISC. INSURANCE   ㊲ $_____ ㊳ CODE_____   **DATE**
                                          COMPTROLLER USE ONLY

                      ㊴ $_____ ㊵ CODE_____

                      ㊶ $_____ ㊷ CODE_____

COMPTROLLER USE ONLY		
Operation Code	☐	Adjustment Code	☐
1. Total Amount of Refund	4. Date Received
2. Appropriation Credited	5. Date Account Credited
3. Quarter Credited	6. OARS4 Date

㊞④   ㊞⑤

FOR COMPTROLLER USE ONLY

COMPTROLLER DEPOSIT ORDER
TO THE TREASURER OF THE STATE OF ILLINOIS

DATE_____   *ORDER* NO._____

FUND NAME_____

RECEIVED OF_____

$_____

_____ FUND NUMBER_____

COUNTERSIGNED-STATE TREASURER   COMPTROLLER, STATE OF ILLINOIS